

# STATE OF COLORADO

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Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department  
of Public Health  
and Environment



**Women's Wellness  
Connection**  
Prevention Services Division

## **Breast and Cervical Cancer Screening Program (BCCSP) Advisory Board Meeting Minutes July 18, 2013**

- Location:** Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, Colorado 80246
- In Attendance:** Judi Jackson, RN, Peak Vista Community Health Center,  
Colorado Springs, Colorado—**Chair**  
Jane Lose, CNM, ANP, MSN, Metro Community Provider Network  
Lagressa Munnerlyn, WWC Consumer  
Christine Fisher, MD, MPH, Radiation Oncologist at University of  
Colorado Hospital
- Teleconference:** Sue Tompkins, Women's Cancer Coalition, West Slope,  
Colorado
- Absent:** Emelin Martinez, Family Nurse Practitioner, Valley-Wide Health  
System  
Barbara Newton, Board of Directors for Susan G. Komen, Aspen,  
Colorado
- State Representation:** Emily Kinsella Unit Manager  
Ivy Hontz Program Coordinator  
Kris McCracken Program Coordinator  
Lynda Saignaphone Program Assistant

## **I. Call to Order & Introductions—Judi Jackson**

Ms. Jackson called the meeting to order and established that a quorum was present.

Dr. Christine Fisher introduced herself. Dr. Fisher is a radiation oncologist at the University of Colorado Hospital in Aurora. Her focus is treating breast and gynecological cancer with a particular emphasis on cervical cancer. She received her master of public health from the University of North Carolina. Some of her research includes chemoprevention for breast cancer and improved targeted treatments for cervical cancer to decrease metastasis.

Judi Jackson introduced herself. Ms. Jackson is a nurse with 30 years of experience. She formerly worked at a community health center where she started up a WWC program. She lives and works in Colorado Springs and is currently serving as the Chair of the BCCSP Board. She is currently finishing up her second master's degree in order to teach nursing.

Ivy Hontz introduced herself. Ms. Hontz works for WWC as a program coordinator who works closely with WWC contractors. She has been with WWC for a year.

Jane Lose introduced herself. Ms. Lose is a nurse midwife, nurse practitioner and director of clinical services at Metro Community Provider Network.

Lagressa Munnerlyn introduced herself. Ms. Munnerlyn is a WWC consumer and survivor. She noted that was enjoying learning about WWC and getting involved in the program.

Sue Tompkins introduced herself. Ms. Tompkins is a breast cancer survivor for 12 ½ years. She is a retired teacher who currently lives in Dolores, Colorado in the southwest corner of the state. She is an active volunteer who has worked with Reach to Recovery, Women's Cancer Coalition and other programs related to breast cancer.

Kris McCracken introduced herself. Ms. McCracken is a program coordinator who has been with WWC for more than eight years.

Linda Saignaphone introduced herself. Ms. Saignaphone is the program assistant for WWC. She handles the majority of Board communications.

Emily Kinsella introduced herself. Ms. Kinsella has been the unit manager for WWC since October of 2012. She worked previously in the Family Planning program at the state health department for about seven years. She has a master's in public health. Ms. Kinsella extended a welcome to Dr. Fisher. She said that Ms. Hontz would provide Dr. Fisher with a brief history, background and overview of the bylaws of the Board.

Ms. Kinsella noted that she had updated the internal contact list for the Board as well as the public contact list.

## **II. Update on Inquiries to the Board via Email—Judi Jackson**

Ms. Jackson said that the Board has not received any inquiries through the Board's email address.

## **III. Recap of the New Member Election Process—Emily Kinsella**

Ms. Kinsella thanked everyone for their votes. She noted that she sent application materials for the three applicants to Board members, who then voted. Although the votes were close, the applicant who received the most votes was Jamie Vader. She is a physician's assistant at MCPN. Ms. Vader has not yet been notified as the voting outcome was only official a day or two ago. The Board will have to proceed through its official process of submitting Ms. Vader's name to its executive director to officially nominate her. Hopefully, Ms. Vader will be at the next Board meeting.

Ms. Kinsella wondered if Ms. Lose knew the applicant, and Ms. Lose said Ms. Vader works at the Wheatridge clinic also, although Ms. Vader works in family practice. Ms. Kinsella said that the Board had talked about its need for a family practice viewpoint, and Ms. Lose said that Ms. Vader would be able to provide that. Ms. Kinsella said she would let the Board know when Ms. Vader's appointment was official.

Ms. Hontz noted that, since Ms. Vader would represent the eighth Board member, the term that expires in April of 2014 (Emelin Martinez) will not result in another nomination, bringing the Board back to seven members at that time. Ms. Kinsella acknowledged that the Board has seen a lot of change in the last year, so hopefully, the composition of the Board will be more consistent going forward.

## **IV. Contact List**

Ms. Munnerlyn offered a correction of her telephone number for the updated contact list. Ms. Kinsella noted that emails to Dr. Fisher should include her assistant Sandra Korn.

## **V. Program Update—Emily Kinsella**

**WWC Staff Realignment and Updated Work Model:** Ms. Kinsella said that WWC staff roles and responsibilities have recently been reviewed. She said that, for the new contract year, the program will be somewhat remodeled. The new model will be a field staff approach. Basically, this means that Ms. Hontz and Ms. McCracken will split WWC's service delivery agencies, so that they will each be assigned to be a primary program contact for 23-24 agencies. This will allow Ms. Hontz and Ms. McCracken to work more closely with their assigned agencies, to have a better understanding of agencies' contracts and budgets and to oversee agency site visits.

The new model will also make it clearer for agencies as they will have one primary contact for the majority of their issues and needs, rather than calling different WWC staff for different issues. Ms. Walsh, as the WWC nurse consultant, will still be the primary clinical contact for all agencies, and there will be one primary data contact for all agencies as well. Ms. Beckwith will remain the primary contact for WWC's American Cancer Society contract.

The new model was effective at the start of WWC's fiscal year 2014 contract on June 30, 2013. There will be some transition time as Ms. Hontz learns more about site visits and agency progress reports.

As part of the review of roles and responsibilities, WWC also looked at individual work responsibilities and tried to align these more closely with the newly defined roles. For example, there were duties and responsibilities that had been handled by the previous program assistant. Some of these had been assumed by other WWC staff due to the vacancy in the program assistant position. Also, some of the duties previously fulfilled by the former program director were assumed by various WWC staff as a result of turnover in that position as well.

As part of the realignment of responsibilities, Ms. Kinsella will begin to take a more prominent role in leading the BCCSP Advisory Board. Ms. Saignaphone will be responsible for Board administration functions, such as sending out Board agendas, organizing Board lunches, etcetera. Ms. Hontz will still be involved in the Board and will continue to attend Board meetings, but will no longer have the day-to-day Board administrative tasks. Ms. Kinsella said that Board members may continue to contact any WWC staff as needed, even though Ms. Hontz will have a less "visible" administrative presence for the Board. This will free up her time to focus more on her program and agency support roles.

There were some other "behind-the-scenes" changes that will probably not impact the Board, but the impetus behind all of the changes is to bring WWC staff roles and responsibilities more into alignment with the program's new work model. Ms. Kinsella invited Board members to ask questions as needed. She said she would provide the Board with an updated organizational chart.

Ms. Kinsella also explained that several program staff are actually "shared" with other programs in the department. For instance, Ms. Saignaphone provides administrative support to other programs besides WWC. Ms. Beckwith also works with other programs in her role as Community Projects Coordinator. The organizational chart also shows the informatics units, including Christen Lara and Amana Howard. MiYeoung Lee, the data specialist who did WWC's data training and enrollment, will be leaving the department in August.

**WISEWOMAN Project:** Ms. Kinsella noted that the WISEWOMAN project starts in 2014. This would offer cardiovascular screening at a select subset of WWC agencies. Five agencies are being considered for this project. WWC will “share” two positions with the Chronic Disease branch to support this project: a half-time program coordinator and a half-time chronic disease expert. The project will offer cardiovascular screening to all women who receive breast and cervical screening through WWC. At this time, WWC is projecting that perhaps 75% of eligible women will take advantage of the screening.

Ms. Jackson asked if cholesterol screening would be included. Ms. Kinsella said the cardiovascular screening would include blood pressure, cholesterol, weight, BMI, height, etcetera.

Another Board member wondered which agencies would provide the screening. Ms. Kinsella said this is still in progress. WWC has proposed five agencies to provide the screening, and is now waiting to see if the program can simply contract with them, or if there has to be some sort of official selection process that involves a broader population of agencies. The agencies were selected based on demographic risk factors across the state, such as geographic concentrations of high tobacco use, obesity, diabetes, hypertension, etcetera. Only agencies that had primary care providers on-site were considered, so that treatment could be provided at the same location. Ms. Kinsella said the program is really designed to identify women who are on the border of having high blood pressure, diabetes, etcetera, but if the program identifies consumers who already have these risk-increasing conditions, the consumers would be able to access treatment at the same location but outside of the WISEWOMAN program.

She noted that, in order to qualify for WISEWOMAN screening, women must also undergo breast and cervical screening through WWC. Ms. Kinsella said that a temporary program assistant, Jackie, will work with the WISEWOMAN project. The project will also necessitate enhancement of the eCaST data system to include cardiovascular screening information. She noted that the colorectal screening program is also using the eCaST system.

Ms. Kinsella said the WISEWOMAN is an exciting, albeit somewhat overwhelming, project. She noted that the project was a competitive opportunity that was only offered to 21 states. The project involves clinical services, as well as other domains such as environmental approaches. WWC will be working with the Chronic Disease branch on community education, outreach, etcetera. The grant is four years. One of the Board members asked if the BCCSP Board would be advising regarding that grant as well. Ms. Kinsella said there might be a little advisory oversight, but it is not required. There may be some overlap that might benefit from Board input.

Ms. Kinsella said there was a look-alike program in the state in the past called the Smart Woman program. A few local agencies participated in the program, which was

modeled after the WISEWOMAN program. Also, Tri-County Health Department receives funding for a similar program, and they have been very helpful in sharing information about their program and how it works.

**FY2014 Budget:** Ms. Kinsella noted that WWC is funded by the state through Amendment 35 tobacco tax funding as well as by the federal government through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) through the CDC. For FY2014, the program received level state funding, but federal funding was reduced by about 3% compared to FY2013, even though the program had actually requested a substantial increase.

The program brought on six new agencies, but lost three agencies at the end of FY2013. The amount that was put on the agency contracts was the amount that was awarded after the RFA. WWC had hoped there would be additional funds to put into the contracts, but at this point, there is not. WWC reviews its budget regularly to identify savings, and if savings are realized, they are put back into the contracts in order to provide more funds for screening.

Unfortunately, there were increases elsewhere in the WWC budget that the program did not have much input or control over, such as what the program is charged by the fiscal and contract departments. Also, the program has a couple of required special projects that emphasize systems-based and population-based work as opposed to direct services. Therefore, WWC's goal for women screened in FY2014 is less than it was for FY2013. As above, the program will continue to look for cost savings. The WISEWOMAN program will probably result in some cost savings secondary to shared staff that can be put back into breast and cervical screening projects.

Ms. Kinsella said, although the cut is unfortunate, it could have been much worse as the federal government had talked about potential cuts of six or even 10% due to sequestration. Some budget items were eliminated, such as a proposed conference, in order to meet the 3% cut. She noted that everyone at WWC is aware of the need to find any unused money in the budget in order to reroute those dollars into screening.

Ms. Jackson asked if all WWC agencies received Komen funding as well. Ms. Kinsella said that many of the agencies did, but that Komen is not available everywhere. She said that the WWC-Komen relationship usually means that WWC dollars are spent first because Komen funds can be used for many things that WWC funds cannot be used for. WWC is restricted to women 40-64 years old who are uninsured or underinsured and legally present. Thus, Komen funds might be needed to help women who are not legally present or for high-risk cases where the women are younger than 40. She said for some agencies the overlap between WWC and Komen can be difficult; for example, finding out a woman actually has risk factors that make her eligible for WWC after her enrollment has been completed. She did acknowledge that Komen can serve an important supportive role for WWC agencies.

**Tribal Updates:** The Ute Mountain Ute tribe has expressed interest in working with WWC to develop educational materials specific to their culture. Ms. Kinsella said this has been a long process, in large part because the tribes are sovereign nations and may feel that the federal government should be negotiating with them directly, rather than being approached at the state level. Also, the tribes may feel that contracts should be intergovernmental agreements, rather than the tribes being subcontractors for the state.

Ms. Kinsella said this is just a start and ultimately, WWC would like to offer screening services as well, although a screening program might look somewhat different because the tribes have Indian Health Services clinics that can do initial Paps and breast exams and even have the ability to do colposcopies. The clinics on the reservation do not deny these services to any tribal member, whether or not the individual is a member of Indian Health Services or not. However, when the clinics need to send non-enrolled consumers for a mammogram, this can be an issue. Also, referral hospitals may not see screening mammograms as a priority, and there can be long wait times. Thus, WWC will explore the possibility of providing screening mammograms, such as contracting with a hospital to provide diagnostic services to tribal women.

Ms. Kinsella noted the current educational materials project is only \$5,000, but it is a start. The focus of the project will be creating educational materials that are relevant to the tribal culture. She also said that the Ute Mountain Ute tribe is also working with the Chronic Disease program regarding a chronic disease self-management. Tribal members will be trained to facilitate chronic disease self-management training to others.

Ms. Tompkins said that there is an Indian Health Center located in Montezuma County. She said that her local group, the Women's Cancer Coalition, has tried to provide educational outreach in this area with little response. She asked how Ms. Kinsella would see the local group fitting in in this project. She noted that the Women's Cancer Coalition covers women who are not eligible for WWC due to age, so they would like to be included in tribal outreach projects. She said that her group's providers include Cortez Planned Parenthood and the Dove Creek Clinic. Ms. Tompkins also noted that many women receive mammography services at Shiprock, which is only about 20 miles from the Ute Mountain Ute reservation in New Mexico. It is due south of Cortez, Colorado.

Ms. Tompkins notes that everyone in the Four Corners area faces difficulties in obtaining medical services because one often has to go out of state for services. She acknowledged that the tribal outreach is just getting started for WWC, but she did note that her organization has also tried to establish a relationship with the Native American population. She noted that the eligibility coordinator at Planned Parenthood in Cortez is herself Native American. She has a lot of contacts within the Ute Mountain Ute tribe and could be a valuable asset for WWC's outreach efforts.

Ms. Kinsella said that WWC has been working with the American Cancer Society community coordinator in that area. Ms. Tompkins said a Ute woman came to a health fair and said that she would like to have someone come down and talk to women. Ms. Tompkins referred the woman to Karen Forest who apparently was told by WWC “not to get involved.” Ms. Kinsella explained that WWC is trying to make sure this is approached the right way. WWC is working through the tribal council and the Colorado Commission for Indian Affairs. WWC’s message to Karen was if a tribal member or representative approached her, she could go, but that she did not need to push for that because WWC is already talking with the tribe about it. Ms. Tompkins pointed out that they did ask. Ms. Kinsella said Karen was told it was okay. She noted that she had spoken to Karen in the interim, and Karen let WWC know that the tribe had not called her back yet, so WWC advised her to just let it go. Ms. Kinsella noted that the situation is kind of confusing currently, but she opined that WWC’s approach is probably the better way to go because the message would be better received coming from their own health educators. She did say that Karen would definitely be involved in the outreach, however.

Ms. Tompkins also asked about the diabetes educational outreach efforts. She said the Montezuma County Health Department has a diabetes coordinator who works with the tribe to provide diabetes education. She wondered if that was who the chronic disease program was working with. Ms. Kinsella said she thought someone at the state department was working with a representative from the Southern Colorado AHEC, but she did not know who that was. She explained that, for that project, the contract would be between the tribe and the Southern Colorado AHEC. Ms. Tompkins asked what “AHEC” was. Ms. Kinsella said it stands for Area Health Education Center. Ms. Hontz said that they are licensed to do the Stanford model of self-management, so it will be easier to have the training done down in southern Colorado rather than having the trainees come up to Denver. She said she was not sure if the AHEC represented the whole Four Corners area or not.

Ms. Hontz explained that Karen works as a community coordinator for the American Cancer Society. She is aware that the scope of work with the tribes is being developed. She was invited to attend a health fair in October on tribal land. As long as she is asked, she will go in and do something as well. Ms. Tompkins said that would be good because Karen can then spread the word to women who are too young for WWC services that there is some other help in the other area. Ms. Hontz also said it was encouraging to hear about Planned Parenthood because that had not been communicated to WWC.

Ms. Tompkins said that, based on her personal experience dealing with women who have had surgery in Shiprock, the care was rather marginal. The hospital there does not do a lot of mastectomies or breast cancer surgeries. Ms. Tompkins is working with a woman currently who has not gotten any information, so Shiprock is not an ideal

provider for services. She said she did not know where WWC could contract for services. She noted that Cortez Hospital would provide better surgical options than the Shiprock Hospital. Ms. Kinsella said that working with the Shiprock Hospital would entail working with a whole different healthcare system.

Ms. Lose agreed, noting that she had worked on the same reservation in Fort Defiance for a few years. She said there were no specialists or specialty clinics. She said Fort Defiance was affiliated with Shiprock Hospital, and she opined that it was absolutely not the ideal place if one has to have surgery beyond general surgery. However, she noted that it was hard to get patients seen in other places. Ms. Kinsella agreed that the barriers to care in this situation are unique. Ms. Tompkins and Ms. Lose agreed. Ms. Kinsella said that WWC hoped to explore some ways to improve the situation. Ms. Tompkins acknowledged that it would be a slow process. Ms. Kinsella thanked Ms. Tompkins for her feedback and perspective from working in that area.

**BCCP Expansion:** Ms. Kinsella said that there is a Medicaid program called the Breast and Cervical Cancer Treatment Program (BCCP). It is available by statute to women who are diagnosed with breast or cervical cancer through WWC. There is a whole process that must be followed when a woman is diagnosed with cancer: BCCP forms are sent to WWC then WWC verifies the woman's diagnosis and WWC client status. WWC returns the forms to Medicaid and a Medicaid application is completed as well.

In the Long Bill (the State budget that is passed by the legislature), the Joint Budget Committee put additional funding into Medicaid to fund breast and cervical cancer treatment for women regardless of where they are diagnosed. Ms. Jackson said this was good because it has always been a problem. Ms. Kinsella agreed, saying that it is very exciting, but it is also a very complicated process. The legislature used a footnote to the Long Bill to fund this expansion, rather than changing the statute, implementation will be complicated. WWC has been working with Medicaid to figure out how implementation will be accomplished.

In the statute for the breast and cervical cancer treatment program, there is a paragraph that states, if funding allows, CDPHE (WWC) can recognize screening done by providers who are not funded by the CDC as providing screening under the CDC program. So, part of the conversation is figuring out what that means and how WWC will "recognize" providers who are not WWC contract providers as having provided eligible screening.

Also at question is how these non-WWC clients would get enrolled in BCCP. One option is for the non-WWC providers to send their clients to WWC providers for BCCP enrollment. WWC providers may not be receptive to this because these women would not be their clients. WWC providers may not have the capacity to handle those enrollments, and may not have access to the clients' medical records. The additional

funding is for treatment, not for administrative costs such as staff additions here or at Medicaid to manage the additional enrollments.

Ms. Jackson wondered if the provider has to be a Medicaid provider. Ms. Kinsella said, even if the providers are “recognized” by Medicaid, it does not answer the question of who will enroll the women. Some other possibilities include training Medicaid providers in the state to do enrollment, or designate some other provider as an enrollment center (e.g., the county Medicaid office, cancer treatment centers, University case managers, etc.). Ms. Kinsella said that, currently, ineligible women tend to be diagnosed at university clinics or something similar.

Ms. Kinsella said there was a lot to the discussion, and she just wanted to keep the Board apprised of the situation. She said that, normally, if the legislature changes a statute, CDPHE/WWC—as an affected agency—has the opportunity to write a fiscal note. WWC then has the opportunity to describe the anticipated effect of the change. The way that this was done did not allow for that opportunity. She noted that Representative Primavera, a breast cancer survivor, has been trying to figure out how to expand the BCCP program and was able to accomplish it in this way. She worked with Komen Denver to get this done, and WWC has also been working with Komen Denver to discuss implementation.

Ms. Kinsella said that, ultimately, it is wonderful to be able to expand the program to other women. Ms. Jackson agreed, stating that it was hard when she used to get calls from women who already had a diagnosis from somewhere else and was, therefore, not eligible for BCCP. Ms. Kinsella asked where those women were usually diagnosed. Ms. Jackson said they were generally diagnosed by private physicians. Ms. Lose wondered if some of them might be diagnosed by Planned Parenthood, too, although Ms. Jackson pointed out that the Planned Parenthood was a WWC contractor.

Ms. Kinsella wondered if some patients were diagnosed at health fairs. Ms. Jackson said she doubted it because most health fairs encourage women to get mammograms and give recommendations of where mammograms are available and how to do self-exams, but most fairs do not offer mammography services. Ms. Lose said Pap smears are offered at health fairs, but Ms. Jackson disagreed, stating health fairs in El Paso County do not offer those services. Ms. Lose said the 9Health Fair offers Pap smears. Ms. Kinsella said a patient would need an actual pathology report, so the Pap would not be considered diagnostic. Ms. Lose wondered if a woman got a Pap at 9Health Fair, would she be able to apply for WWC funding for diagnostics. Ms. Kinsella said WWC allows women to be referred in for diagnosis. This allows women to be enrolled in WWC prior to receiving a biopsy result or other definitive diagnosis. WWC is trying to get the word out about that through ACS community coordinators by educating other providers.

Dr. Fisher said, in theory, Denver Health is supposed to be a safety net for Denver and the University is the safety net for the rest of the state. She said she has treated women who do not have health insurance who end up getting CACP or Medicaid. Ms. Kinsella said that women who qualify for CACP also qualify for WWC if they are in the 40-64-year-old range.

Ms. Kinsella noted that there are a lot of legal and HIPAA issues to be worked out as well. Medicaid is motivated to revise its plan in order to receive its federal funding. She noted that she wanted to keep the Board apprised of the situation, since the information is already out in the community. Ms. Kinsella said the complexity is compounded by impending healthcare reform and associated Medicaid expansion. Additionally, the statute that creates this program expires next year.

Ms. Kinsella pointed out that this change, once implemented, may help WWC in some funding issues because it may no longer be quite as critical for WWC agencies to have funding available at year end in case diagnostic screening is needed to make sure a woman is eligible for BCCP Medicaid. Ms. Lose said that, if there is any way that MCPN can help with this process as a community organization, Ms. Kinsella should let her know. She said MCPN has the ability to absorb more patients than most organizations. She said they would be happy to do that. She noted that patients can get LEEPs within the MCPN system.

Ms. Kinsella said there are navigator funding awards that will pay agencies to navigate people into healthcare reform. One of the special projects that WWC has undertaken is possibly paying agencies to navigate women to other funding sources for breast and cervical cancer screening instead of paying for the screening services themselves. Ms. Lose said MCPN definitely wants to be in on that sort of project because Medicaid or an exchange will be able to cover far more services for women that are eligible than WWC will be able to cover.

Ms. Kinsella said that the future of WWC might be less about screening and more about navigation. Ms. Lose agreed, noting that in 2014, fewer women will need WWC for screening services. Ms. Kinsella said another possibility is that WWC will become more focused on referred in for diagnostics as it is currently unclear whether LEEP, colposcopy or biopsy will be covered under healthcare reform. There will be some agencies that will fit into the new structures nicely as they are already adept at Medicaid and/or insurance billing. On the other hand, there will be some agencies that will have a harder time with that transition. Also, agencies will probably need to have the capability to enroll clients in Medicaid. WWC will undertake a survey to find out which agencies would be good candidates for the above-described pilot program.

## **VI. FY14 Board Meeting Dates and Other Logistics – Emily Kinsella**

The Board agreed to continue meeting quarterly (October, January, April and July) on the 3<sup>rd</sup> Thursday of the month from Noon to 3pm. To use funding more efficiently, the Board agreed that they would meet in person once per year (in the fall) and the rest of the meetings would be held remotely using technology such as Skype or Google Hangout. The October 2013 meeting will be held in person at CDPHE and one of the agenda items will be to explore remote meeting options.

## **VII. JVA Media Research Update – Krista Beckwith, WWC Community Projects Coordinator**

WWC hired JVA to conduct an evaluation of WWC outreach and recruitment materials. Ms. Beckwith shared a summary of the results of the evaluation. Including the theme that the best way to reach women in need of WWC services was to use what JVA termed a “maven” in the community – a woman who naturally seems to know about community resources and is sought out by others in her community for this information. The Board discussed some of the results of the evaluation in more detail.

The evaluation showed mixed results in the use of the term “free” and the concern the public has over the quality and hidden costs associated with “free.” The Board agreed that people can be skeptical of “free” services.

The Board suggested a need for a catchy title on materials – something that would grab people’s attention and make them want to read more. The Board also discussed that the materials might not be for the person who picked them up, but rather for them to think if the services might help someone they know. For example, “Do you know someone....?”

The Board agreed that one small piece of outreach material with all pertinent information would be useful. The Board suggested that the wording on the item should be short and would best be paired with verbal information.

One Board member indicated agreement that something like a pink ribbon pin was a draw for many women.

The Board also discussed the best way to reach women in need of WWC services. Suggestions included:

- Other places where these women access the healthcare system – pediatricians offices, the ER, etc.
- Restrooms in grocery stores, Walmart, etc.
- Thrift stores
- Laundromats

The Board also suggested groups that might be able to reach women in need, including:

- Breast cancer survivor support groups
- Promotoras/community health networks